|                |  |  | FCC Form 481  |
|----------------|--|--|---|
|                |  | W1 17  | OM8 3000-0968   |
|                | rm 481 - Carrier Annual Reporting ollection Form   | 37   | OM# 5060-0839   |
| Data C         | offection Form   | The state of the s | Avg. Burden Estimate per Respondents 20 Hours               |
| <010>          | Study Area Code 589003   |  |   |
| <015>          | Study Area Name Cintex Wireless, LLC   |  |   |
| <020>          | Program Year 2015  |  |   |
| <030>          | Contact Name: Person USAC should contact with questions about this data  | Paul Greene  |   |
|                | with questions about this data   | Tau Oleche   |   |
| <035>          | Contact Telephone Number:<br>Number of the person identified in data line <030>  | 301-255-0410   |   |
| <039>          | Contact Email:<br>Email of the person identified in data line <030>  | pgreene@prepaidwirelessgroup.com   | n   |
|                |  | 404  | 1   |
| ANNUA          | AL REPORTING FOR ALL CARRIERS  |  | 54.313 54.422<br>Completion Completion<br>Required Required |
|                | The second secon | 144  | (check box when complete)                                   |
| <100>          | Service Quality Improvement Reporting  | (complete attached worksheet)  |   |
| <200>          | Outage Reporting (voice)   | (complete attached worksheet)  |   |
| <210>          | < check box if no out  |  |   |
| 200            |  |  |   |
|                | Unfulfilled Service Requests (voice)   |  |   |
| <310>          | Detail on Attempts (voice) Unfulfilled Service Requests (broadband)  | (attach descriptive document)  |   |
| <330>          | Detail on Attempts (broadband)   | (attach descriptive document)  |   |
|                | ,  |  |   |
| <400>          | Number of Complaints per 1,000 customers (voice)   |  |   |
| <410>          | Fixed  |  |   |
| <420>          | Mobile   | _  |   |
| <440>          | Number of Complaints per 1,000 customers (broadband) Fixed   | 7  |   |
| <440><br><450> | Mobile   | 1  |   |
| 14302          | Woone  | _  |   |
| <500>          | Service Quality Standards & Consumer Protection Rules C  | ompliance (check to indicate certification)  |   |
| <510>          |  | (attached descriptive document)  |   |
| <600>          | Functionality in Emergency Situations  | (check to indicate certification)  |   |
| <610>          |  | (attached descriptive document)  |   |
|                | Company Price Offerings (voice)  | (complete attached worksheet)  |   |
|                | Company Price Offerings (broadband)  | (complete attached worksheet)  |   |
|                | Operating Companies and Affiliates   | (complete attached worksheet)  | - Annumus   |
|                | Tribal Land Offerings (Y/N)?   | (if yes, complete attached worksheet)  |   |
|                | Voice Services Rate Comparability  | (check to indicate certification)  |   |
| <1010>         | Terrestrial Backhaul (Y/N)?  | (attach descriptive document) (if not, check to indicate certification)  |   |
| <1110>         | Terrestrial backinda (1)14):   | (complete attached worksheet)  |   |
|                | Terms and Condition for Lifeline Customers   | (complete attached worksheet)  |   |
| _              |  |  |   |
|                | Price Cap Carriers, Proceed to Price Cap Additional Docur  |  |   |
| .0001          | Including Rate-of-Return Carriers affiliated with Price Cap  | SINCERE O TO CONTRACTO CONTRACTO   | Authorite   |
| <2000>         |  | (check to indicate certification)  |   |
| <2005>         | •  | (complete attached worksheet)  |   |
|                | Rate of Return Carriers, Proceed to ROR Additional Document  | mentation Worksheet  |   |
| <3000>         |  | (check to indicate certification)  |   |
| <3005>         |  | (complete attached worksheet)  |   |

|       | vice Quality Improvement Reporting<br>ection Form   |               | *****              |              | FCC Form 481<br>OMB Control No. 3060-0986<br>OMB Control No. 3060-0819<br>July 2013 |
|-------|---|---------------|--------------------|--------------|---|
| <010> | Study Area Code   | 589003        |                    |              |   |
| <015> | Study Area Name   | Cintex Wirele | ss, LLC            |              |   |
| <020> | Program Year  | 2015          |                    |              |   |
| <030> | Contact Name - Person USAC should contact regarding this data   | Paul Greene   |                    |              |   |
| <035> | Contact Telephone Number - Number of person identified in data line <030>   | 301-255-041   | 0                  |              |   |
| <039> | Contact Email Address - Email Address of person identified in data line <030>   | pgreene@pre   | epaidwirelessgro   | oup.com      |   |
| <110> | Has your company received its ETC certification from the FCC?   | (yes / no )   | NO                 |              |   |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?   | (yes / no )   | NA                 |              |   |
|       | If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.                         |               | NA                 |              |   |
| <112> | Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service |               |                    | NA           |   |
|       | Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.           | Nan           | ne of Attached Doc | ument (.pdf) |   |
| <113> | Maps detailing progress towards meeting plan targets  | NA            |                    |              |   |
| <114> | Report how much universal service (USF) support was received  | 927K          |                    |              |   |
| <115> | How (USF) was used to improve service quality   | NA NA         |                    |              |   |
| <116> | How (USF)was used to improve service quanty  How (USF)was used to improve service coverage  | NA NA         |                    |              |   |
| <117> | How (USF) was used to improve service capacity  | NA NA         |                    |              |   |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year.   | NA NA         |                    |              |   |

(200) Service Outage Reporting (Voice)

Data Collection Form:

OMB Control No. 3060-0986

OMB Control No. 3060-0819

July 2013

| <010> | Study Area Code         | 589003   |             |                                  |  |
|-------|-------------------------|--|-------------|----------------------------------|--|
| <015> | Study Area Name         | Cintex Wireless, LLC                           |             |                                  |  |
| <020> | Program Year 2015       | 1130   |             |                                  |  |
| <030> | Contact Name - Person   | USAC should contact regarding this data        | Paul Greene |                                  |  |
| <035> | Contact Telephone Nun   | ber - Number of person identified in data line | e <030>     | 301-255-0410                     |  |
| <039> | Contact Email Address - | Email Address of person identified in data lin | e <030>     | pgreene@prepaidwirelessgroup.com |  |

| NORS<br>Reference<br>Number |    | Outage Start<br>Time |    | Outage End<br>Time | Number of<br>Customers Affected | Total Number of<br>Customers | 911 Facilities<br>Affected<br>(Yes / No) | Service Outage<br>Description (Check<br>all that apply) | Did This Outage<br>Affect Multiple<br>Study Areas<br>(Yes / No) | Service Outage<br>Resolution | Preventative<br>Procedures |
|-----------------------------|----|----------------------|----|--------------------|---------------------------------|------------------------------|--|---|---|------------------------------|----------------------------|
| NA                          | NA | NA                   | NA | NA                 | NA                              | NA                           | NA                                       | NA  | NA  | NA                           | NA                         |
|                             |    |                      |    |                    |                                 |                              |  |   |   |                              |                            |
|                             |    |                      |    |                    |                                 |                              |  |   |   |                              |                            |
|                             |    |                      |    |                    |                                 |                              |  |   |   |                              |                            |
|                             |    |                      |    |                    |                                 |                              |  |   |   |                              |                            |
|                             |    |                      |    |                    |                                 |                              |  |   |   |                              |                            |
|                             |    |                      |    |                    |                                 |                              |  |   |   |                              |                            |
|                             |    |                      |    |                    |                                 |                              |  |   |   |                              |                            |

| ta Col | lection Form         |  |                 | OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013 |
|--------|----------------------|--|-----------------|---|
| 010>   | Study Area Code      | 589003   |                 |   |
| 015>   | Study Area Name      | Cintex Wireless, LLC   |                 |   |
| 20>    | Program Year         | 2015   |                 |   |
| 030>   | Contact Name - Perso | on USAC should contact regarding this data   | Paul Greene     |   |
| 035>   | Contact Telephone N  | umber - Number of person identified in data line <030>   | 301-255-0410    |   |
| 039>   | Contact Email Addres | s - Email Address of person identified in data line <030>  | pgreene@prepaid | dwirelessgroup.com  |
| 810>   | Reporting Carrier    |  |                 |   |
| 811>   | Holding Company      | NA   |                 |   |
| <812>  | Operating Company    | NA   |                 |   |
| 813>   | F 2342 ( ) 5 1 5 1   |  |                 |   |
|        |                      | Affiliates   | SAC             | Doing Business As Company or Brand Designation                |
|        |                      | BRONE  | 589003          | Cintex Wireless   |
|        |                      |  |                 |   |
|        |                      |  |                 |   |
|        |                      |  |                 |   |
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|        |                      |  |                 |   |
|        |                      |  |                 |   |
|        |                      |  |                 |   |

|       | oal Lands Reporting<br>ection Form   |                          | FCC Form 481  OMB Control No. 3060-0986  OMB Control No. 3060-0819  July 2013 |
|-------|--|--------------------------|---|
| <010> | Study Area Code  | 589003                   |   |
| <015> | Study Area Name  | Cintex Wire              | eless, LLC  |
| <020> | Program Year   | 2015                     |   |
| <030> | Contact Name - Person USAC should contact regarding this data  | Paul Green               | е   |
| <035> | Contact Telephone Number - Number of person identified in data I   | ine <030>                | 301-255-0410  |
| <039> | Contact Email Address - Email Address of person identified in data   | line <030>               | pgreene@prepaidwirelessgroup.com  |
| <910> | Tribal Land(s) on which ETC Serves   |                          | NA  |
| <920> | Tribal Government Engagement Obligation  |                          | NA  |
|       | If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: | Select<br>(Yes,No<br>NA) |   |
| <921> | Needs assessment and deployment planning with a focus on Triba<br>community anchor institutions;   | al all                   |   |
| <922> | Feasibility and sustainability planning;   | 34444                    |   |
| <923> | Marketing services in a culturally sensitive manner;   |                          |   |
| <924> | Compliance with Rights of way processes  |                          |   |
| <925> | Compliance with Land Use permitting requirements   |                          | 7   |
| <926> | Compliance with Facilities Siting rules  |                          | 7   |
| <927> | Compliance with Environmental Review processes   |                          | 7   |
| <928> | Compliance with Cultural Preservation review processes   |                          | 7   |
| <929> | Compliance with Tribal Business and Licensing requirements.  |                          | <del>-</del>  |

## (1110) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013

| <010> | Study Area Code  | 589003           |                                  |  |
|-------|--|------------------|----------------------------------|--|
| <015> | Study Area Name  | Cintex Wireless, | LLC                              |  |
| <020> | Program Year   | 2015             |                                  |  |
| <030> | Contact Name - Person USAC should contact regarding this data      | Paul Greene      |                                  |  |
| <035> | Contact Telephone Number - Number of person identified in data     | line <030>       | 301-255-0410                     |  |
| <039> | Contact Email Address - Email Address of person identified in data | line <030>       | pgreene@prepaidwirelessgroup.com |  |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)



Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G)



| -010             | State Acc Section   | 589003             |  |       |
|------------------|---|--------------------|--|-------|
| <010>            | Study Area Code Study Area Name   | Cintex Wireless, I | 110  |       |
| <020>            |   | 2015               | LLC  |       |
| <020>            | Program Year  Contact Name - Person USAC should contact regarding this data   | Paul Greene        |  |       |
| <035>            | Contact Telephone Number - Number of person identified in data li   |                    | 301-255-0410                                 | -1100 |
| <039>            | Contact Email Address - Email Address of person identified in data I  |                    | pgreene@prepaidwirelessgroup.com             |       |
|                  |   |                    |  |       |
|                  |   |                    |  |       |
| <1210>           | Terms & Conditions of Voice Telephony Lifeline Plans  |                    | intexcircless.com/                           |       |
| <1210>           | Terms & Conditions of Voice Telephony Lifeline Plans  |                    | rintexireless.com/<br>riched document (.pdf) |       |
| <1210><br><1220> | Terms & Conditions of Voice Telephony Lifeline Plans  Link to Public Website  |                    | ched document (.pdf)                         |       |
|                  | Link to Public Website  Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the  | Name of atta       | ched document (.pdf)                         |       |
|                  | Link to Public Website  Please check these boxes below to confirm that the attached PDF,  | Name of atta       | ched document (.pdf)                         |       |
| <1220>           | Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: | Name of atta       | ched document (.pdf)                         |       |
|                  | Link to Public Website  Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting fe  | Name of atta       | ched document (.pdf)                         |       |

| (2005) Price Cap Carrier Additional Documentation  | FCC Form 481              |
|--|---------------------------|
| Data Collection Form   | OMB Control No. 3060-0986 |
| Including Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers  | OMB Control No. 3060-0819 |
| A STATE OF THE STA | July 2013                 |

| <010> | Study Area Code   | 589003                           |  |
|-------|---|----------------------------------|--|
| <015> | Study Area Name   | Cintex Wireless, LLC             |  |
| <020> | Program Year  | 2015                             |  |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Paul Greene                      |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 301-255-0410                     |  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | pgreene@prepaidwirelessgroup.com |  |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

|        | Incremental Connect America Phase I reporting                                     |  | resident to the second |
|--------|---|--|------------------------|
| <2010> | 2nd Year Certification {47 CFR § 54.313(b)(1)}                                    |  | NA                     |
| <2011> | 3rd Year Certification {47 CFR § 54.313(b)(2)}                                    |  | NA                     |
|        | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))     |  |                        |
| <2012> | 2013 Frozen Support Certification   |  | NA                     |
| <2013> | 2014 Frozen Support Certification   |  | NA                     |
| <2014> | 2015 Frozen Support Certification   |  | NA                     |
| <2015> | 2016 and future Frozen Support Certification                                      |  | NA                     |
|        | Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}                |  |                        |
| <2016> | Certification Support Used to Build Broadband                                     |  | NA .                   |
|        | Connect America Phase II Reporting {47 CFR § 54.313(e)}                           |  | 3,000                  |
| <2017> | 3rd year Broadband Service Certification  |  | NA                     |
| <2018> | 5th year Broadband Service Certification  |  | NA                     |
| <2019> | Interim Progress Certification  |  | NA                     |
| <2020> | Please check the box to confirm that the attached PDF, on line 2021,              |  | NA                     |
|        | contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient |  |                        |
|        | of CAF Phase II support shall provide the number, names, and addresses of         |  |                        |
|        | community anchor institutions to which began providing access to broadband        |  |                        |
|        | service in the preceding calendar year.   |  | Am                     |
| <2021> | Interim Progress Community Anchor Institutions                                    | Name of Attached Document Listing Required Information | NA .                   |

|                  | te Of Return Cerrier Additional Documentation action Form  |                      | e e e e e e e e e e e e e e e e e e e |                         | FCC Form 481  OM8 Control No. 3060-0986  OM8 Control No. 3060-0819 |
|------------------|--|----------------------|---------------------------------------|-------------------------|--|
|                  |  |                      |                                       |                         | July 2013  |
| <010>            | Study Area Code  | 589003               |                                       |                         |  |
| <015>            |  | Cintex Wireless, LLC |                                       |                         |  |
| <020>            |  | 2015                 |                                       |                         |  |
| <030>            | Contact Name - Person USAC should contact regarding this data  | Paul Greene          |                                       |                         |  |
| <035>            | Contact Telephone Number - Number of person identified in data line <030>  | 301-255-0410         |                                       |                         |  |
| <039>            | Contact Email Address - Email Address of person identified in data line <0302  | > pgreene@prepaidv   | virelessgroup.com                     |                         |  |
| CHECK th         | ie boxes below to note compliance on its five year service quality plan (purs<br>CFR § 54.313(f)(2). I further certify tha   |                      |                                       |                         | reporting requirements set forth in 4                              |
|                  | Progress Report on 5 Year Plan   |                      |                                       |                         |  |
| (3010)           | Milestone Certification (47 CFR § 54.313(f)(1)(i))   | Name of Attached Doo | cument Listing Required Information   | 7                       | NO.  |
| (3011)           | Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. |                      |                                       |                         |  |
| (3012)           | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))  | Name of Attached Doo | cument Listing Required Information   |                         |  |
| (3013)<br>(3014) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) if yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:   |                      |                                       | NA (Yes/No)<br>(Yes/No) |  |
| (3015)           | Electronic copy of their annual RUS reports (Operating Report for<br>Telecommunications Borrowers)   |                      |                                       | NA .                    |  |
| (3016)           | PDF of Balance Sheet, Income Statement and Statement of Cash Flows   |                      |                                       | NA                      | _  |
| (3017)<br>(3018) | If the response is yes on line 3014, attach your company's RUS annual<br>report and all required documentation<br>If the response is no on line 3014, is your company audited?   | Name of Attached Do  | cument Listing Required Information   | NA (Yes/No)             |  |
|                  | If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains  |                      |                                       |                         |  |
| (3019)           | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications  |                      |                                       | NA                      |  |
| (3020)           | PDF of Balance Sheet, Income Statement and Statement of Cash Flows   |                      |                                       | NA NA                   |  |
| (3021)           | Management letter issued by the independent certified public accountant that performed the company's financial audit.  |                      |                                       | NA                      |  |
|                  | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  |                      |                                       |                         |  |
| (3022)           | Copy of their financial statement which has been subject to review by an<br>independent certified public accountant; or 2) a financial report in a<br>format comparable to RUS Operating Report for Telecommunications<br>Borrowers,   |                      |                                       | NA                      |  |
| (3023)           |  |                      |                                       | NA                      |  |
| (3024)<br>(3025) | Underlying Information subjected to an officer certification.  PDF of Balance Sheet, Income Statement and Statement of Cash Flows  |                      |                                       | NA<br>NA                |  |
| (3026)           |  | Name of Attached Do  | ocument Listing Required Information  |                         | NA .   |
|                  |  |                      |                                       |                         |  |

| Certification - Reporting Carr | rier |    |   |       | FCC Form 481              |
|--------------------------------|------|----|---|-------|---------------------------|
| Data Collection Form           |      | ** |   |       | OMB Control No. 3060-0986 |
| * *                            |      |    |   | A 4.2 | OMB Control No. 3060-0819 |
|                                |      |    | * |       | July 2013                 |

| <010> | Study Area Code  | 589003  |                                  |  |
|-------|--|---|----------------------------------|--|
| <015> | Study Area Name  | Cintex Wireless, LLC  |                                  |  |
| <020> | Program Year   | 2015  |                                  |  |
| <030> | Contact Name - Per   | son USAC should contact regarding this data Paul            | Greene                           |  |
| <035> | > Contact Telephone Number - Number of person identified in data line <030> 301-255-0410 |   |                                  |  |
| <039> | Contact Email Addre  | ess - Email Address of person identified in data line <030> | pgreene@prepaidwirelessgroup.com |  |

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| [19] (19] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1 | [1] [1] [1] [1] [1] [1] [1] [1] [1] [1] | include ensuring the accuracy of the annual reportion this form and in any attachments is accurate. | ng requirements for universal service support |  |
|--|---|---|---|--|
| Name of Reporting Carrier: Cintex                | Wireless                                |   |   |  |
| Signature of Authorized Officer:                 | *****                                   |   | Date  |  |
| Printed name of Authorized Officer:              | Paul Greene                             |   |   |  |
| Title or position of Authorized Officer:         | CEO                                     |   |   |  |
| Telephone number of Authorized Officer:          | 301-255-0410                            |   |   |  |
| Study Area Code of Reporting Carrier:            | 589003                                  | Filing Due Date for this form:  | 7/1/2014                                      |  |

## Cintex Wireless, LLC Line 510 – Compliance with Service Quality Standards and Consumer Protection

Cintex Wireless, LLC ("Cintex") hereby certifies that it has reviewed and complies with applicable service quality and consumer protection practices, and that it is in compliance with all applicable state requirements in connection with its provision of wireline (if applicable) and wireless voice services. Among other things, Cintex:

- 1. Complies with the service standards promulgated by the State of Arkansas.
- 2. Discloses rates and terms of its voice services to customers.
- Provides current terms and conditions to customers and confirms changes in voice service.
- Separately identifies carrier charges from taxes on billing statements and purchase receipts.
- Provides ready access to customer service.
- Promptly responds to consumer inquiries and complaints received from federal and state government agencies.
- 7. Abides by CPNI rules and other rules for the protection of consumer privacy.
- Makes available maps showing the local calling area on point of sale materials and website.
- 9. Provides specific disclosures in advertising if applicable.
- 10. Provides customers the right to terminate voice service

## Line 610 - Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission's Rules requires that each eligible telecommunications carrier ("ETC") must "[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations." Section 54.313(a)(6) requires ETCs to certify that they are "able to function in emergency situations as set forth in §54.202(a)(2)" in connection with their provision of voice and broadband services.

Cintex Wireless, LLC resells the services of underlying carriers that have deployed sufficient power generators to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Cintex Wireless, LLC, through its underlying carrier assures that its switching infrastructure is geographically located. All facilities are equipped with both AC and DC battery backup as well as generators. All critical equipment is also supplied with 2 separate power sources (or primary and redundant power feeds).

<sup>47</sup> C.F.R. § 54.202(a).

ii 47 C.F.R. § 54.313(a)(6).